



University of Hawaii at Manoa Pacific Cooperative Studies Unit

3190 Maile Way, St. John 410 Honolulu, Hawaii 96822
Phone: (808) 956-3932 Fax: (808) 956-4710
Web: <http://www.botany.hawaii.edu/faculty/duffy/PCSU.htm>

Single Activity Volunteer Application Form

Project Name: Ko'olau Mountains Watershed Partnership Project: KMWP Outreach - Pali Lookout Garden

Name: _____

Mailing Address: _____

Phone (home): _____ (work): _____ (cell): _____

Best time to call: *AM PM* E-mail: _____
(circle one)

In case of emergency, who should we notify? *This person should be on island*

Name: _____ Relationship: _____

Phone: (home): _____ (work): _____ (cell): _____

PLEASE READ CAREFULLY AND SIGN

I certify that the information provided on this Volunteer Application Form is true and accurate, and any misrepresentation provided on this form may result in my immediate termination as a volunteer. I have read the Volunteer Position Description. If selected, I will comply with all requirements specified by the project supervisor and acknowledge that the University may at its discretion terminate my participation in providing volunteer services at any time.

Signature of Applicant

Date

Print Name/Signature of Parent/Guardian (if under 18 years)

Date

To be completed by Project Supervisor or Volunteer Coordinator and PCSU

Project Service Group: _____ Date of Activity: _____

Volunteer Job Title: KMWP Volunteer (Invasive species removal and restoration)

Project Volunteer Supervisor: _____

PI or Authorized Rep: _____ Date: _____

Authorized by: _____ Date: _____



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(Last Name, First Name, M.I.)

KMWP

(PCSU Program)

ASSUMPTION OF RISK AND RELEASE

I, the undersigned, certify that I am in good physical health and able to participate in all activities of the above named program.

I also understand and acknowledge that there are inherent dangers and risks involved with participation in the above named program with PCSU and the University of Hawai'i, that include, but are not limited to: **gusty winds; sharp and/or slippery objects; stinging or biting insects and spiders; portable or no bathroom facilities; steep drop-offs and landslides; rugged terrain; steep and slippery trail and river crossings; no potable water; flash floods; sharp tools; lack of immediate medical facilities; wild animals; harsh weather conditions (hot and humid to wet and cold); thorny plants and dense vegetation; lack of reliable communication; no telephones; work on or near water; wet and slippery roads; herbicides; work in hunting areas; disease caused by water, air or animal vectors.**

I understand that I should be covered during the volunteer periods for this program by a private medical and liability policy; and I further understand that the University of Hawaii does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above named program.

Therefore, in consideration of my being permitted to participate in the above named program, I hereby agree to assume all risks and responsibilities surrounding my participation in the above named program. I have read and understand any and all written materials setting forth the requirements for participation in the above referenced activities, and as well as those explained by the instructor(s), and I agree to strictly observe them. Further, I do for myself, my heirs, executors, and administrators hereby accept full responsibility for my participation and agree to indemnify, release, and discharge the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from any and all claims or actions for property damage, personal injury, an/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions during my participation in above named program.

Signature of Participant

Date

Time

Print and Sign Name of Parent/Guardian (if under 18 years)

Date

MEDICAL CONSENT FORM

I, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat me for any injury or illness arising from or related to my participation in the above named program.

I further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

IN CASE OF EMERGENCY

First Person to Contact: _____ Phone: _____

Second Person to Contact: _____ Phone: _____

Physician to Contact: _____ Phone: _____

Allergies: _____ Medical Conditions: _____

Medications: _____

Signature of Participant

Date

Time

Print and Sign Name of Parent/Guardian (if under 18 years)

Date



**STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES**

RELEASE OF LIABILITY

I have requested the Department of Land and Natural Resources to allow me or my child to engage in the following activity or activities on State of Hawaii property known as the Pali Lookout (hereinafter "Park"): (Description of activity) Weeding, seed collecting and outplanting for a period of time starting on _____ and ending on _____.

I agree and acknowledge that my or my child's SAFETY is at moderate to high risk and that I accept RESPONSIBILITY. I fully understand, and by my signature acknowledge that:

I recognize and acknowledge that there are certain inherent risks and dangers involved with the above described activity or activities at the Park involve certain inherent risks including but not limited to risk of possible injury or death and understand that the following conditions, hazards, or dangers may exist:

• gusty winds	• dense, tangled vegetation
• sharp and/or slippery rocks	• thorny plants
• stinging or biting insects and spiders	• work on or near steam and ocean water
• portable or no bathroom facilities	• wet or slippery roads
• no potable drinking water	• herbicides
• steep drop-offs	• paint, fuel, and oil fumes
• rugged terrain	• work in hunting area
• sharp tools	• wild animals
• lack of nearby medical facilities	• flash floods
• steep and slippery trail and river crossings	• lack of reliable communication service (including no telephone service)
• harsh weather conditions (ranging from hot and humid to wet and cold)	• diseases caused by water, air, or animal vectors

To the extent that my activities may involve the use of motorized tools, hand tools, and/or handling of herbicides, I acknowledge that there are certain inherent risks and dangers involved in such activities, which include (but are not limited to) risk of possible serious bodily injury, death, or poisoning.

Knowing that the above-described activity or activities at the Park may present certain risks and dangers to me or my child, including A RISK OF SERIOUS BODILY HARM OR DEATH, I nevertheless permit myself or my child to engage in the above-described activity or activities at the Park. I voluntarily ASSUME THE RISK OF INJURY OR LOSS created by the above-described conditions, hazards, and dangers at the Park.

With full knowledge of said conditions, hazards, and dangers, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the State of Hawaii, and any and all of its officers, employees, and agents, for death or injury to me or my child or damage to or destruction of any of my or my child's property resulting from the conditions, hazards, and dangers listed above.

In consideration for allowing me or my child to engage in the above-described activity or activities at the Park which I have requested, I, for my heirs, beneficiaries, executors, and administrators, REMISE, RELEASE, AND FOREVER DISCHARGE the State of Hawaii, and any and all of its officers, employees, and agents, acting in their official capacities, from any and all claim(s), demand(s), or cause(s) of action on account of my or my child's death or personal injury or on account of any injury to my or my child's property which may occur from my or my child's negligence, hazards listed herein, or an unforeseeable event, during my or my child's activity or activities at the Park described above.

I have read the above waiver and hereby release the State of Hawaii, its officers, employees, agents, and assigns from any and all liability that may result from my above-described activity or activities at the Park.

Signature: _____ Date: _____

Printed Name: _____

Signature of Parent or Legal Guardian: _____

Printed Name: _____ Date: _____

Minor's Name(s): _____